

## ***Case Studies in Environmental Medicine (CSEM): IMMUNOLOGIC DISORDERS***

### **Evaluation Questionnaire and Exam**

**Course Goal:** To increase the primary care provider's knowledge of hazardous substances in the environment and to aid in the evaluation of potentially exposed patients.

#### **Objectives:**

- \* Identify environmental factors associated with various immunologic disorders.
- \* Identify environmental factors associated with lupus and recognize clinical features of environmentally associated lupus-like syndrome.
- \* Analyze the role that environmental exposures might play in a specific patient's illness.

#### ***Tell us about yourself...***

**Please note: Please carefully read the questions. Your credit will be awarded based on the type of credit you select.**

**1. What type of continuing education credit do you wish to receive?**

**\*\*Nurses should request CNE, not CEU.**

**Please see note at end of document.**

- A. CME for physicians
- B. CME for non-attending
- C. CNE (Continuing Nursing Education)
- D. CEU (Continuing Education Units)
- E. AAFP (American Academy of Family Physicians)
- F. ACEP (American College of Emergency Physicians)
- G. AOA (American Osteopathic Association)
- H. None of the above

**2. Are you a...**

- A. Nurse
- B. Pharmacist
- C. Physician
- D. Veterinarian

**3. What is your highest level of education?**

- A. High School
- B. Associate
- C. Physician
- D. Veterinarian
- E. None of the above

**4. Each year, approximately how many patients with immunologic disorders do you see?**

- A. None
- B. 1–5
- C. 6–10
- D. 11–15
- E. More than 15

**5. Which of the following best describes your current occupation?**

- A. Environmental Health Professional
- B. Epidemiologist
- C. Health Educator
- D. Laboratorian
- E. Physician Assistant
- F. Industrial Hygienist
- G. Sanitarian
- H. Toxicologist
- I. Other office or clinic patient care provider
- J. Student
- K. None of the above

**6. Which of the following best describes your current work setting?**

- A. Academic (public and private)
- B. Private health care organization
- C. Public health organization
- D. Environmental health organization
- E. Non-profit organization
- F. Other work setting

**7. Which of the following best describes the organization in which you work?**

- A. Federal government
- B. State government
- C. County government
- D. Local government
- E. Non-governmental agency
- F. Other type of organization

***Tell us about the course...***

**8. How did you obtain this course?**

- A. Downloaded or printed from website
- B. Shared materials with colleague(s)
- C. Not applicable

**9. How did you first learn about this course**

- A. State publication (or other state-sponsored communication)
- B. MMWR
- C. ATSDR Internet site or homepage
- D. PHTN source (PHTN Web site, e-mail announcement)
- E. Colleague
- F. Other

**10. What was the most important factor in your decision to obtain this course?**

- A. Content
- B. Continuing education credit
- C. Supervisor recommended
- D. Previous participation in ATSDR, CDC/PHTN training(s)
- E. Ability to take the course at my convenience
- F. Other

**11. How much time did you spend completing the course, and the evaluation and posttest?**

- A. 1 to 1.5 hours

- B. More than 1.5 hours but less than 2 hours
- C. 2 to 2.5 hours
- D. More than 2.5 hours but less than 3 hours
- E. 3 hours or more

**12. Please rate your level of knowledge prior to completing this course.**

- A. Great deal of knowledge about the content
- B. Fair amount of knowledge about the content
- C. Limited knowledge about the content
- D. No prior knowledge about the content
- E. No opinion

**13. Please estimate your knowledge gain due to completing this course.**

- A. Gained a great deal of knowledge about the content
- B. Gained a fair amount of knowledge about the content
- C. Gained a limited amount of knowledge about the content
- D. Did not gain any knowledge about the content
- E. No opinion

**Please use the scale below to rate your level of agreement with the following statements about this course.**

- A. Agree**
- B. No opinion**
- C. Disagree**
- D. Not applicable**

**14. The objectives are relevant to the goal.**

**15. The tables and figures are an effective learning resource.**

**16. The content in this course was appropriate for my training needs.**

**17. Participation in this course enhanced my professional effectiveness**

**18. I will recommend this course to my colleagues.**

**19. Overall, this course enhanced my ability to understand the content.**

**20. I am confident I can identify environmental factors associated with various immunologic disorders.**

**21. I am confident I can identify environmental factors associated with lupus.**

**22. I am confident I can recognize clinical features of environmentally associated lupus-like syndrome environmental factors associated with.**

**23. I am confident I can analyze the role that environmental exposures might have played in a specific patient's illness.**